

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WISCONSIN**

JUSTIN BLAKE,

Plaintiff,

v.

Case No. 22 CV 970

DAVID BETH, et. al.,

Defendants.

DEFENDANTS' EXPERT DISCLOSURES

Defendants Jessica Bergmann, Visiting Nurse Community Care, Inc., and Kenosha Visiting Nurse Association, by their attorneys, Borgelt, Powell, Peterson & Frauen, S.C., hereby reserve the right to call the following expert witnesses to testify at the time of trial:

1. Sanjay K. Patari, MD. Dr. Patari will provide expert opinions consistent with his report, attached.
2. Any and all healthcare providers who have treated and/or examined the Plaintiff at any time.
3. All expert witnesses named by any other party regardless of whether such witnesses are withdrawn or such party is dismissed prior to commencement of trial.
4. All additional expert witnesses whose testimony is necessary to respond to the testimony of witnesses that are identified after the date hereof by any of the parties.
5. Defendants reserve the right to amend this witness list to name additional expert witnesses as may be revealed in the course of discovery and to call rebuttal witnesses as necessary.

6. Defendants reserve the right to amend this witness list with addendum reports after Defendants have received additional medical records not yet received.

Dated: November 22, 2024.

BORGELT, POWELL, PETERSON & FRAUEN, S.C.
Attorneys for Defendants Jessica Bergmann, Visiting Nurse
Community Care Inc., and Kenosha Visiting Nurse
Association

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November 19, 2024

Mr. Brian W. Baird
Attorney
Borgelt, Powell, Peterson & Frauen, S.C.
1243 North 10th Street, Suite 300
Milwaukee, WI 53205

RE: Justin Blake
Date of Injury: 04/25/2021
Date of Exam: 11/08/2024

Dear Mr. Baird:

I conducted an Independent Medical Examination on Mr. Justin Blake. A physician-patient relationship was not established, and the findings were not discussed with Mr. Blake. The evaluation consisted of history, physical examination of Mr. Blake and review of the submitted medical records.

Mr. Blake was accompanied by his friend, and they were both present within the examination room.

HISTORY OF PRESENT ILLNESS

Justin Blake is a 55-year-old male, right-hand dominant. He states that his left shoulder and neck were injured on April 25, 2021, when he was placed in a restraining chair in a police station. He states he was restrained in the chair for nine hours. He had a few breaks in between to go to the bathroom. He was restrained as following: He states there was a belt around his waist, there was a belt around both forearms, placing his forearms on armrests, and there was a second belt around the upper arm from the armrest. There was no neck rest. He states that the back of the chair was narrow and was thrusting his chest forward such that his shoulders were extended. He demonstrates the amount of extension, which, on visual inspection, was approximately 20 to 30 degrees of extension. He states that the chair was "opposite of being ergonomically correct." He states he cannot recall being held while escorted to the bathroom. He was in the bathroom stall alone. He reported that, while in the chair late into the night and early morning, he experienced ligaments and muscles "popping, breaking, snapping." He states he was released in the early morning. He went home, explaining it to his girlfriend, contacted a doctor friend who was a family doctor in Kenosha, who evaluated his shoulder and neck. He went back to Chicago for treatment. He had pain in the left cervical paraspinal region. He points to the musculature from the back of the head to the top of the left shoulder, and he states he could not lift his shoulder, as he

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demonstrates, greater than 45 degrees. He states he was diagnosed with a frozen shoulder. He went to the pain clinic for six months. There was no improvement with two epidurals. He returned to the orthopedic specialist. He then saw a neck specialist who has recently ordered a new MRI of the cervical spine.

He reports he has had a chronic left thumb injury. He complains of pain in the left paracervical muscles. He has had no treatment of the shoulder for the last three to four months. No physical therapy.

CURRENT SYMPTOMS

He complains of "severe" left paraspinal muscle pain along the cervical muscles from the back of the head to the top of the shoulder, tingling in the 2nd through 5th fingers and occasionally the thumb. He states he cannot extend his head beyond neutral, and he has very little strength of his left arm away from his body on the left side when holding his elbow straight. He also cannot sleep on the left side.

Regarding his left shoulder, he states he cannot put on a jacket because of difficulty lifting his left arm, and he cannot lift any weight with an outstretched arm. He states when his left shoulder is bumped, it causes a jolt of pain. He is able to abduct the shoulder to 90 degrees but states he cannot play golf or basketball. He has not tried swinging a golf club or shooting a basketball, however.

He also states he is up at night and needs to readjust his left side.

PAST MEDICAL HISTORY

He reports that he has prediabetes and hypertension. He does not remember his medications nor his last A1C.

PAST SURGICAL HISTORY

He reports having a left foot surgery, a right medial ankle surgery, and a left shoulder surgery.

PERSONAL/SOCIAL HISTORY

He reports his son passed away at age 21, and he refers to himself in the third person using pronouns we and us. Nonsmoker, nondrinker.

ALLERGIES

No known drug allergies.

EXAMINATION

Well-developed, well-nourished male, not in acute distress.

Examination of the cervical spine: Flexion to 35 degrees. Extension 35 degrees. Left lateral tilt, 30 degrees, left lateral rotation 60 degrees. Right lateral tilt 30 degrees, right lateral rotation 60 degrees. Positive tenderness in the lateral paraspinal muscles. He reports a positive Tinel's which radiates to the posterior aspect of the left shoulder.

Examination of the left shoulder: Mr. Blake exhibits self-limiting behavior. Beyond abduction of 80 degrees, he resists further abduction. In fact, with a distracted examination, he was able to lift his shoulder to 90 degrees, and all of a sudden he realized he was lifting it higher than 90 degrees, he quickly lowered it back to 80 degrees. Forward flexion 115 degrees. External rotation 55 degrees. Internal rotation 75 degrees. Rotator cuff strength 5/5. External rotation strength 5/5. Negative impingement. Negative AC joint tenderness. Negative crossover. Negative biceps tenderness. Mr. Blake reports pain with Speed's; however, it is not in the area of the biceps tendon. Positive O'Brien's sign. There is mild scapular winging with internal rotation of the left shoulder behind the back, but there is no winging with abduction or forward flexion.

Examination of the right shoulder: Abduction 105 degrees, forward flexion 160 degrees, external rotation 75 degrees, internal rotation 40 degrees. Rotator cuff strength 5/5. External rotation strength 5/5. Negative impingement. Negative AC joint tenderness. Negative crossover. Negative biceps tenderness. Negative Speed's test. Negative O'Brien's sign. Mild scapular winging with internal rotation, reaching behind the back, but no scapular winging with abduction or forward flexion.

RECORD REVIEW

April 11, 2016, through May 2, 2023: Nonpertinent medical records from April 11, 2016, to May 2, 2023, were reviewed.

June 30, 2016 through July 30, 2024: He was seen for physical therapy. Mr. Blake was seen in physical therapy on August 18, 2022, at which time left shoulder active flexion was 105 degrees with pain, passive 127, scaption was 95 degrees with pain, and internal rotation at 45 degrees.

April 8, 2021, through November 10, 2023: Nursing notes were reviewed. On August 3, 2022, Mr. Blake had a telephone encounter with Magdalene Brock, RN, at which time she documents that Dr. Gegenheimer called with the neck MRI results and informed that there was some moderate narrowing on the right side at C5-7 which could cause achiness in the right arm but not anything surgical and also informed that the results of the neck MRI indicated that any pain in the left shoulder would be specific to the shoulder, as there was no left-sided cervical pathology.

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April 9, 2021, through December 13, 2022: Lab studies were reviewed. On December 1, 2022, a blood glucose level was drawn, noting a blood glucose of 492. On December 13, 2022, hemoglobin A1c was obtained, noting a value of 10.4.

April 26, 2021: NaphCare Restraint Checks were documented. This was completed by Jessica Bergmann on April 26, 2021.

Undated: A picture of an emergency restraint chair was reviewed. It was also noted that the back appeared to be tilted posteriorly about 45 degrees.

April 26, 2021: Mental status was reported as quiet and calm at 2309 and on April 26, 2021, at 0018; and on April 26, 2021, 0205, it was noted that the patient was quietly singing and appeared calm. On April 26, 2021, 3:45 a.m., fluids were offered. The patient was initially sleeping and awoke to the writer's arrival, and he was alert and responsive, quiet, calm and sleeping. It was noted that the restraint was applied to the right arm, left arm, right leg, left leg.

April 28, 2021: Mr. Blake was seen at Froedtert and Medical College of Wisconsin by Dr. Fullin in which it was reported that he was involved 72 hours prior in a nonviolent sit-in. He was arrested by sheriff's department. He had left shoulder pain. It was documented, "Patient during arrest started to have left shoulder pain related to being put in handcuffs behind his back." He was questioned in regard to his name, chose not to have the question answered and put in a chair at Kenosha Police Department, which was a restraint chair. He reported that it pulled his shoulders back immediately and accelerated his left shoulder pain immediately. He reported to Dr. Fullin that he felt that someone had shot him in the shoulder and has had continuous pain. Physical examination note reported of reproducible pain over the left acromion process, exacerbation of pain with abduction of his arm and rotation of the arm. He reported that, while he was in the chair, he continued to have pain. Prior to being put in the chair, he told them that he had a right shoulder rotator cuff previous injury. He reported while he was in the chair, he felt a tearing pain with no head support. He also reported that the chair made his arm numb and increasingly painful with chest pain and neck pain.

April 30, 2021: Mr. Blake was seen by Dr. Alan Gegenheimer. He presented to Dr. Gegenheimer for left shoulder pain for five days, with achiness in his neck and some tingling occasionally going down his arm toward the little and ring finger. Assessment was neck pain, left cervical radiculopathy, acute pain of the left shoulder. Left shoulder examination revealed full passive range of motion with elevation of 175, glenohumeral 85 degrees, internal rotation to T8. Active motion was diminished to 100 degrees internal rotation and L3 external rotation. Weakness with 4/5 external rotation. Positive drop arm test.

April 30, 2021: Cervical spine x-ray was obtained showing advanced degenerative disc to the lower cervical spine and neural foraminal narrowing also on the left.

May 17, 2021: Mr. Blake followed up with Dr. Gegenheimer after having an MRI of the left shoulder. Arm numbness and tingling was better. Left shoulder x-ray performed April 27, 2021, documented

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no acute osseous abnormality by radiographic technique. MRI of the left shoulder on May 6, 2021, showed delaminating tears of the supraspinatus tendon and infraspinatus tendon with a very small full-thickness component, mild AC joint arthritis. He was on medications consisting of Tapazole and Medrol Dosepak.

July 22, 2022: Left shoulder x-ray was obtained, noting mild arthritis at the left AC joint, advanced cervical degenerative disease of the cervical spine and C5-6 and C6-7.

August 3, 2022: Mr. Blake was seen at Windy City Orthopedics at which time left shoulder abduction was 70 degrees, external rotation was 15 degrees and internal rotation was 15 degrees. Treatment plan was a left shoulder pulley was provided and shoulder exercises demonstrated, and aggressive PT for the left shoulder was recommended.

September 27, 2022: Mr. Blake was seen at Windy City Orthopedics at which time left shoulder abduction was 130 degrees, external rotation 70 degrees, internal rotation 60 degrees. NSAIDs, pain medication and physical therapy per protocol was rendered, and he was given left shoulder and neck exercises.

September 27, 2022: MRI of the left shoulder was obtained, noting thin supraspinatus tendon with partial tearing, a small amount of fluid in the glenohumeral joint. Glenoid rim and labrum were grossly normal. A small amount of fluid in the subdeltoid and subacromial bursa. Mild osteoarthritis of the acromioclavicular joint with osteophyte formation.

October 19, 2022: Mr. Blake followed up with Windy City Orthopedics at which time left shoulder passive motion was 160 degrees with a painful arc from 90 to 160, abduction 60 degrees, external rotation 85 degrees, internal rotation 60 degrees. Plan was discussed, prednisone and physical therapy, and if not improved in two weeks, then cortisone injection was recommended.

November 2, 2022: Mr. Blake followed up with Windy City Orthopedics for a cervical spine exam. Extension was 10 degrees with pain, flexion 40 degrees with pain, left rotation 50 degrees with pain, right rotation 50 degrees with pain, left side bending 10 degrees with pain and right side bending 10 degrees with pain. Cervical spine epidural or facet joint injection was recommended. It was noted if the left shoulder was not improved in two weeks, then arthroscopy was recommended. Also noted was left shoulder passive range of motion was 170 degrees, external rotation 90 degrees, internal rotation 60 degrees.

November 16, 2022: A Windy City Orthopedics and Sports Medicine shoulder/elbow follow-up assessment form was completed.

November 28, 2022: Mr. Blake was scheduled at St. Francis Hospital for a left shoulder arthroscopy, possible rotator cuff repair, for a date of procedure of December 2, 2022.

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January 30, 2023: Mr. Blake underwent surgery for a left shoulder subacromial decompression, lysis of adhesions, biceps tendon debridement. Manipulation was performed, and motion was restored to 180 degrees of abduction, 90 degrees of external rotation, 90 degrees of internal rotation. Glenohumeral arthroscopy noted 25 percent fraying of the biceps tendon on the inferior surface, degeneration of the anterior glenoid but no tear, intact rotator cuff, significant scarring in the subacromial space.

February 7, 2023: Mr. Blake attended a postoperative visit at Windy City Orthopedics. The sling was discontinued.

March 15, 2023: Mr. Blake followed up at Windy City Orthopedics. Physical therapy was recommended.

April 5, 2023: Mr. Blake was seen for left shoulder and neck pain by Kristin Nelson, Nurse Practitioner, for pain management. Current medications included metformin, methimazole, hydrocodone and acetaminophen, prednisone, cyclobenzaprine. Trigger-point injections were given.

May 16, 2023: Mr. Blake was seen by Windy City Orthopedics for a knee exam, and a left knee MRI was ordered. Examination of the left shoulder noted abduction 170 degrees, external rotation 85 degrees, internal rotation 80 degrees.

June 7, 2023: Mr. Blake followed up with Kristin Nelson, Nurse Practitioner, for pain management at which time a trigger-point injection was rendered.

July 21, 2023: Mr. Blake was seen for a cervical epidural steroid injection.

September 13, 2023: Mr. Blake followed up at Windy City Orthopedics at which time referral to pain clinic was given for neck injections and possible surgery evaluation. Left shoulder examination revealed abduction 180 degrees, extension 80 degrees, external rotation 75 degrees. (Dr. Patari note: Mr. Blake appeared to have reached end of healing on this date.)

November 6, 2023: Mr. Blake was seen by Dr. Diesfeld for pain management evaluation. It was reported that he had a cervical epidural steroid injection with 100 percent relief previously. Urine toxicology screen was positive for THC. Assessment was cervical disc derangement and radiculopathy.

November 14, 2023: Mr. Blake was seen by Windy City Orthopedics for cervical spine at which time it was recommended to go to pain clinic versus neurosurgery for possible surgical evaluation.

January 22, 2024: Mr. Blake underwent cervical epidural injection.

February 14, 2024: Mr. Blake followed up at Windy City Orthopedics at which time cervical spine fusion was recommended and a repeat left shoulder manipulation while under anesthesia for left

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shoulder internal rotation 60 degrees, external rotation 90 degrees, abduction 170 degrees. It was reported that two weeks prior he had a liter of fluid removed from the right lung.

March 8, 2024: G. Klaud Miller, M.D., authored a letter to Motley Legal Services in which he documented that the left shoulder developed a frozen shoulder. An arthroscopic subacromial decompression was performed on January 30, 2023, with improvement but incomplete resolution of left shoulder complaints. He also developed left cervical radiculitis. Mr. Blake received cervical epidural cortisone injection and trigger-point injection. On February 14, 2024, he had persistent neck pain, and cervical spine fusion was recommended. The shoulder surgery from January 30, 2023, noted significantly improved range of motion and that additional surgical treatment was not recommended as it would not be beneficial. Dr. Miller also included his legal testimony fee schedule with this letter and his curriculum vitae.

July 2, 2024: Mr. Blake followed up at Windy City Orthopedics at which time consultation with neurosurgeon was recommended for possible spine surgery.

July 22, 2024: Mr. Blake was seen by Christina Handayan, P.A., at Swedish - Chicago Pain Center. Assessment was cervical radiculopathy, bulging of cervical intervertebral discs, and he was referred to Dr. Andrew Johnson for neurological surgery.

Undated: An undated letter to Justin Blake by Dr. Kevin Fullin was reviewed. It appears that he provided primary care services and also provided care for a rotator cuff tear and that he reported extensive experience in intentional injury and solicited availability for testifying an intentional injury for legal proceedings for both prosecution and defense. He submitted his hourly rate and also his CV. This was a letter written to Justin Blake for solicitation of legal services.

IMAGING STUDIES

April 27, 2021: X-ray of the left shoulder demonstrates normal glenohumeral joint. Mild AC joint arthritis with inferior clavicular osteophyte.

April 30, 2021: X-ray of the cervical spine demonstrates moderate to severe degenerative disc space narrowing from C5-C7 vertebrae and mild Disc space narrowing at C4-C5.

September 27, 2022: MRI of the left shoulder demonstrates osteoarthritis of the AC joint. Intact rotator cuff. Irregularity of the anterior superior humeral head. Normal glenoid labrum.

VIDEO REVIEW April 25, 2021

Body Cam of Arrest - 1:01 min: Mr. Blake was seen in front of a door sitting on the ground. He was wearing a black hooded sweatshirt. He was picked up by the right arm and calmly turned around placing his left hand behind his back by himself to be handcuffed. He was walked to the police van and there was no obvious force used.

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Car Port Video - 1:03 min: Mr. Blake was seen with his hands in front of him with handcuffs on. He was walking in the police garage calmly and there was no obvious forceful handling of his left shoulder.

Emergency Restraint Chair Placement - 6:43 min: Mr. Blake was calmly backed into and sat into the restraint chair. While straps were applied and tightened, it did not appear that Mr. Blake moved his head or neck and was not in obvious pain because he did not move his body as viewed in the camera footage even while being tilted back and pushed on the rear two wheels.

SPECIFIC INTERROGATORIES

- 1. Please describe the plaintiff's condition, including the diagnosis and any pre-existing and/or related medical conditions, and provide a summary of their medical treatment to date.**

Response: Mr. Blake's condition is recorded in the physical examination section. There is guarding with the left shoulder as he refused to allow abduction of the left shoulder beyond 90 degrees. He carried a diagnosis of a previous left frozen shoulder status post manipulation and arthroscopy with debridement as well as left-sided paraspinal muscular pain for which he was seeing pain management. A summary of the medical treatment is listed above in the records.

- 2. What injuries, if any, did the plaintiff sustain in the April 25, 2021 incident? This question includes, but is not limited to, whether the plaintiff suffered an aggravation or activation of any permanent pre-existing degenerative condition?**

Response: As it relates to the April 25, 2021 incident, which was specifically being restrained in an emergency restraint chair or arrested by police officers, there was no injuries sustained to the left shoulder or neck/cervical spine. In addition, there was no aggravation or activation of the pre-existing left shoulder adhesive capsulitis. Mr. Blake had a pre-existing history of poorly uncontrolled diabetes, of which laboratory tests revealed a hemoglobin A1C of 10.4 on December 13, 2022, suggesting uncontrolled diabetes, which can predispose a claimant to left shoulder adhesive capsulitis. Being restrained in the chair with his arms at his sides and his shoulders extended approximately 30 degrees as described by Mr. Blake is not a mechanism of injury of which to cause or aggravate a left pre-existing adhesive capsulitis of the shoulder, nor is it a mechanism of injury of which to cause or aggravate a pre-existing cervical strain or radiculopathy. The alleged left cervical strain or radiculopathy and the left shoulder injury as described by Mr. Blake was pre-existing and prior to being restrained in the emergency restraint chair. Also, the videos reviewed do not display any use force by the police officers during the arrest at the scene, transport of Mr. Blake in the van, or placement in the ERC chair.

- 3. Has the plaintiff reached an endpoint of healing with respect to the injuries, if any, that were sustained in the April 25, 2021 incident? If an endpoint of healing has been reached, at what time was it reached? If not, when can it be anticipated?**

Response: An endpoint of healing is not applicable for the left shoulder and cervical complaints as no injury was sustained on April 25, 2021. Regardless of cause, Mr. Blake has reached an endpoint of healing by May 16, 2023, when he achieved internal rotation to 80 degrees and external rotation to 85 degrees, and he was referred by Dr. Miller now for cervical pain.

- 4. What amount of treatment, if any, was reasonable and necessary as a result of the April 25, 2021 incident? Is further treatment reasonable and necessary as a result of the accident? What amount is reasonable for past necessary treatment, and, if necessary, future treatment?**

Response: No treatment was reasonable or necessary as it relates to the restraint chair used on April 25, 2021, as there was no injury from use of this restraint chair. Also, no treatment was reasonable or necessary as a result of the police arrest as the videos demonstrate that no obvious force or handling occurred of the left shoulder. No further treatment is reasonable or necessary as a result of the alleged accident.

- 5. Regardless of cause, does the plaintiff suffer any permanent disability? Has any permanent disability resulted from the April 25, 2021 incident?**

Response: Regardless of cause, Mr. Blake does have permanent disability. His left shoulder forward elevation is 115 degrees as a result of adhesive capsulitis of the left shoulder. The disability is not related to the April 25, 2021 incident.

- 6. What restrictions, if any, would you place on the plaintiff's physical activities including work restrictions? If you do place any restrictions, are such restrictions temporary or permanent? If temporary, please specify the duration of such restrictions.**

Response: No restrictions are required on Mr. Blake's physical activities.

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The above opinion was rendered with a reasonable degree of medical certainty based on history, physical examination of Mr. Blake and review of the submitted medical records. Should any other records be available for review, the above opinion may or may not change. If I can be of any further assistance, please do not hesitate to contact me through Crawford Evaluation Group.

Respectfully submitted,



Sanjay Patari, M.D.
Board Certified Orthopaedic Surgeon
With Certificate of Added Qualifications in Hand Surgery

SP/tkd

Sanjay Kirit Patari, M.D.

Employment Experience

Dec. 2001 – Present The Center for Sports Orthopaedics, S.C. Hoffman Estates, IL 60169.
Employed as an attending physician with privileges in General Orthopaedic,
Upper Extremity and Hand Surgery

Education

Aug. 2000-Aug. 2001 State University of New York – Stony Brook, 11794.
Fellowship in Hand Surgery, Department of Orthopaedic Surgery
Lawrence C. Hurst, M.D., Chairman and Fellowship Director

July 1995-June 2000 Rutgers New Jersey Medical School, Newark, NJ 07103.
Residency, Department of Orthopaedic Surgery
Internship, Department of General Surgery

Aug. 1991 - May 1995 Medical College of Wisconsin, Milwaukee, WI 53226.
M.D. conferred May 20, 1995.

Sept. 1988 - May 1991 University of Wisconsin-Milwaukee, WI 53201.
B.S. in Biological Sciences with Honors
Cum Laude

Licenses

Illinois	#036-105302 (Active)
Wisconsin	#56695-20 (Active)
New York	#216851 (Inactive)
New Jersey	#MA66715 (Inactive)

Board Certification

American Board of Orthopaedic Surgery (ABOS)	7/21/2005 – 12/31/2035
CAQ -Hand Surgery	9/14/2009 - 12/31/2035
American Board of Independent Medical Examiners	1/12/2013 - 12/31/2023

Hospital Staff

St. Alexius Medical Center, Hoffman Estates, IL	12/19/01-current
Glen Oaks Medical Center, Bloomingdale, IL	12/06/01-current
Alexian Brothers Medical Center, Elk Grove Village, IL	9/9/05 – current
Hoffman Estates Surgery Center	1/1/06 – current

Appointments President Medical Staff – U Chicago Medicine- Advent Glen Oaks Hospital

Committees Peer Review – Ascension St. Alexius Medical Center
Peer Review – U Chicago Medicine- Advent Glen Oaks Hospital

Professional Societies American Society for Surgery of the Hand (ASSH)
American Academy of Orthopaedic Surgeons (AAOS)

Publications & Presentations

Patari, SK . “Concepts in Hand and Shoulder Surgery as it pertains to the Injured

Worker.” Diamond Mark Presentations 2010.

Patari, S.K. and Trotter, D. H. “Nonfixated Unicompartmental Knee Arthroplasty: Outcomes With and Without Arthroscopic Synovial Ablation, MIS vs. CAOS.” San Diego, CA. October 2005.

Patari, SK; Penna, J; Badalamente, M; Hurst, LC. “A Random Placebo Double Blind Clinical Trial of Viscosupplementation for Basal Joint Arthritis” SUNY – Stony Brook Research Symposium, June 2001

Patari, SK; Lee, FY; Behrens, FF. “Coronal Split Fracture Through a Partially Closed Physis: A New Fracture Pattern.” **J Pediatric Orthopaedics (2001) 21:** 451-5.

Levy, AS.; Patari, SK. “Size Variance in Meniscal Anatomy and Its Clinical Relevance” University of Medicine and Dentistry of New Jersey; Newark, NJ 07103.

Presented at Arthroscopy Association North America, March 2000.

Presented at ISAKOS Congress, Washington D.C., June 1999.

Patari, SK. Dagum, AB. Free Fibula Transfer to a Forearm Non-Union SUNY – Stony Brook Grand Rounds, April 2001

Patari, SK. Giant Cell Tumor in the Hand
SUNY – Stony Brook Orthopaedic Pathology Grand Rounds
January 2001.

Patari, SK. Extensor Tendon Rupture of the Hand in Rheumatoid Arthritis UMDNJ - Department of Orthopaedic Surgery Core Curriculum Conference September 1998.

Patari, SK. Treatment of Anterior Glenohumeral Instability
Department of Orthopaedic Surgery Grand Rounds - Orange Memorial Hospital December 1997.

Patari, SK.; Stiehl, JB.; Wynarsky, GT., Ph.D. “Effect of Cement Mantle Thickness on Torsional Stability of Femoral Stem Fixation in Total Hip Arthroplasty.” Medical College of Wisconsin, Milwaukee, WI. 53226
Poster Presentation MCW Research Fellowship, 1991.

Honors and Awards Distinguished Alumni Award, Hoffman Estates High School, IL. May 2003

Jersey City Medical Center, Jersey City NJ
1st Prize – Clinical Research Senior Category, June 2000
Chairman Commendation Letter, Pediatrics, Aug, 1993

Courses Basic Microsurgery Course, Columbia University, February, 2001, 2006
ASSH Regional Review Course, October, 1998
AO/ASIF Fracture Management Course, August, 1998

Sanjay Patari, MD – Fee Schedule for Liability Cases

Base file size or amount of time included in price: 1" (220 pages)

Independent Medical Examination: \$2750

Medical Records Review: \$1600

Additional Records Review time: \$700/inch

Addendum base: \$850

Late Cancel/No Show: 5 business days not including exam date = \$1500

Additional records, body parts, or complexity of the case may result in an increased cost due to the production and/or medical record review performed by the expert according to their fee schedule.

Deposition: \$2450.00 for 90 minutes.

In court testimony: \$1650/hour including travel time.

Pre-conference and/or phone calls: \$825 for 30 minutes.